

1. Business Name:

Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing Business Licensing Section PO Box 110806 Juneau AK 99811-0806

REQUEST FOR DUPLICATE BUSINESS LICENSE

Business License	#:			
2. The mailing add	ress where you want the	e duplicate licens	e sent:	
	City:		State:	ZIP Code:
Name of person rec	questing duplicate licen	se:		
Name:		Title:		
The fee of \$5.00 for form and fee (in U.S	<u>-</u>	oust accompany t	nis request.	Please send the completed
State of Alaska Business Licensing PO Box 110806 Juneau, AK 99811-				

www.businesslicense.alaska.gov

For more information regarding Corporations, Business and Professional Licensing, visit our website